

	<b>RESOURCE LIBRARY HOTEL OPERATIONS Rooms - Reservations</b>	<i>CODE:</i> 03.01.020
		<i>EDITION:</i> 1
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## Sample Reservation Form

GUEST/GROUP NAME						RM# ASSIGN			TRAVEL AGENT/COMPANY NAME			
MR.									T.A/Co. NAME:			
MRS.												
MISS.									CALLER:			
MR.									TEL:			
MRS.									FAX:			
MISS.									E-MAIL:			
MR.									SPECIAL REQUEST/REMARKS			
MRS.												
MISS.									SMOKING: YES NO			
RM TYPE	STK	STT	SUK	SUT	CLK	CLT	JUS	SIS	EXS	RS	RATE CODE:	
SINGLE ROOM												
DOUBLE ROOM											MEAL PLAN:	
VIP 1	VIP 2	VIP 3	VIP 4	VIP 5	UPGRADE			COMP/HU		REQUESTED BY		
CHECK IN: / /					TIME:		TRANSPORTATION					
CHECK OUT: / /					TIME:		SERVICE		TIME		FLIGHT#	
CONFIRMATION NO:							PICK UP					
PAYMENT METHOD:							DROP OFF					
RESERVATION TAKEN BY:							DATE:					